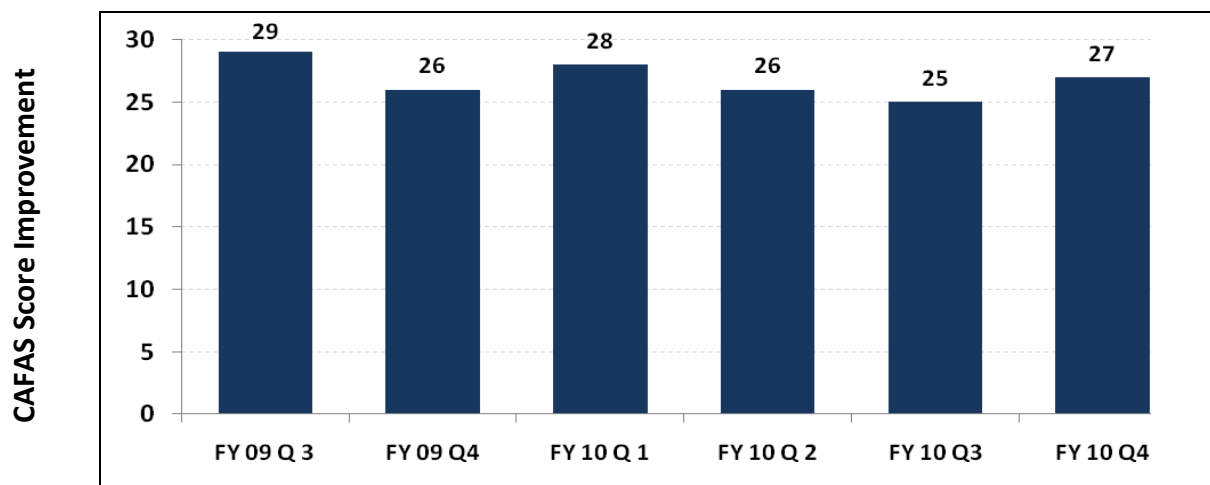


Maine Home & Community Based Treatment (HCT) Services CAFAS Outcomes Summary Report FY 2010

The Child & Adolescent Functional Assessment Scale or CAFAS is one measure that can be used to look at outcomes for youth receiving treatment. (Hodges, 2004) The CAFAS measures symptoms and behaviors across eight dimensions. A lower score indicates that symptoms and behaviors are decreasing and functional skills are increasing. Thus, improvement is indicated when the CAFAS score is lower at discharge than at initial registration.¹ In this report, APS analyzes the extent to which CAFAS scores improved after treatment in Home and Community Based Treatment (HCT). The results of this analysis show:

- Children in Maine receiving HCT services significantly improved in their level of functioning over time.²
- The average CAFAS score improvement has remained stable over time, ranging from 26 to 29 points improvement over each of the last six quarters.
- Six to nine months appears to be the length of treatment that produced the greatest improvements in CAFAS scores.
- Some age groups show larger CAFAS score improvements than other age groups.

Graph 1: Statewide Average CAFAS Score Change from Initial Registration to Discharge by Quarter from Quarter 3 FY '09 to Quarter 4 FY '10 (Numerical change, not percentage change.)



¹ Hodges, K., (2004) The Child and Adolescent Functional Assessment Scale, In M. Maruish (Ed.) *The use of psychological testing for treatment planning and outcomes assessment, third edition, Volume 2* (pp. 405 -413). Mahwah, N.J., Erlbaum Assoc.. [Hodge article](#)
The CAFAS is designed to measure the degree of functional challenges in children and adolescents with emotional, behavioral, and/or substance abuse issues. States often use it as one method to assess outcomes for youth receiving services and/or as one component of determining eligibility for services for youth with severe emotional disturbance (SED). The CAFAS scale consists of eight subscales. For each section, the maximum score is 30 and the minimum is zero. A score of 100 or more suggests that a youth needs intensive services.

² This improvement is statistically significant (p=0.0001).

Quarter 4 FY '10 CAFAS score improvements

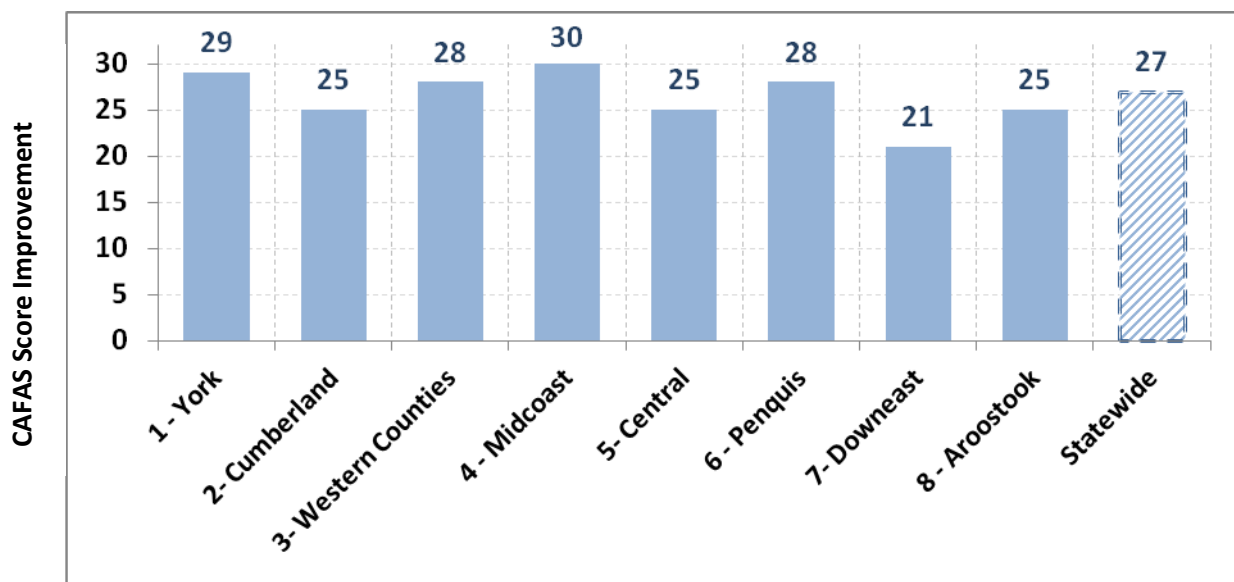
Hodge recommends computing the percentage of youth in treatment who recorded substantial improvements. For Quarter 4, FY '10, two thirds of the youth improved their functioning by 20 or more points on the CAFAS scale.

Table 1 : CAFAS scores Quarter 4, FY 10

Change in CAFAS scores	%
Functioning declined by more than 20)	9%
Little change (-10 to +10)	26%
Improvement of 20 - 30	23%
Major improvement: 40 +	41%

CAFAS score improvements varied by geographic area. For FY '10, Quarter 4, improvement in the scores varied from a low of 21 points for the Downeast District (Washington and Hancock Counties) to a high of 30 points for the Midcoast District (Lincoln, Knox, Waldo and Sagadahoc Counties).

Graph 2: Improvement in CAFAS scores by District for Quarter 4 '10³



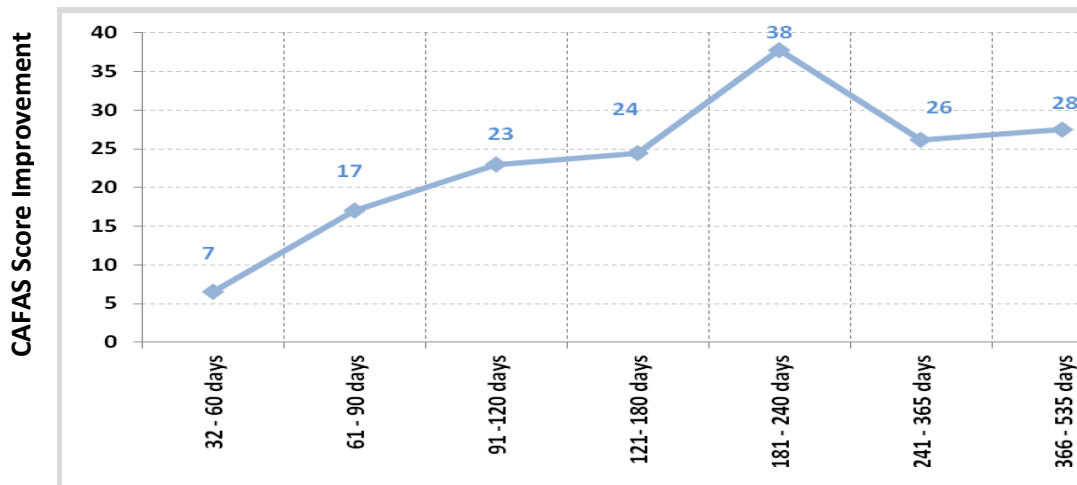
This graph above is based on the table on the next page. It is interesting to note, that the Downeast District, which was the District that showed the smallest improvement in scores, also had the lowest discharge scores at the initial registration and the second lowest at discharge.

³ District 1= York County, District 2 = Cumberland County, District 3 = Androscoggin, Oxford and Franklin Counties, District 4 = Lincoln, Knox, Waldo and Sagadahoc Counties, District 5 = Somerset and Kennebec Counties, District 6 = Piscataquis and Penobscot Counties, District 7 = Washington and Hancock Counties, District 8 = Aroostook County.

Table 2: CAFAS Score improvement by districts FY '10 Quarter 4				
District	# of youth	Initial score	Discharge score	Change
1 - York	48	111.0	82.1	29
2- Cumberland	54	105.2	80.2	25
3- Western Counties	76	111.4	83.8	28
4 - Midcoast	40	97.5	68.0	30
5- Central	67	108.1	83.0	25
6 - Penquis	100	103.4	75.3	28
7- Downeast	20	92.0	71.5	21
8 - Aroostook	40	99.8	74.5	25
Statewide	445	105.1	78.3	27

APS also analyzed the data by length of time spent in HCT treatment. CAFAS Scores appear to improve more when youth stay in HCT treatment for more than six months. Graph 3 on the next page shows this.

Graph 3: Improvement in CAFAS Scores by Days in HCT treatment for FY '10 Quarter 4 (numerical scores)



The graph above is based on the table below. The table for this quarter also suggests that the youth who stay in treatment for shorter periods tend to have less symptoms and behaviors at their initial CAFAS testing than those with longer periods in treatment.

Table 3: CAFAS Score improvement by length of stay in HCT Services FY '10 Quarter 4				
Length of HCT treatment	# of youth	Initial score	Discharge score	Change
32 - 60 days	26	96.5	90.0	7
61 - 90 days	54	100.6	83.5	17
91 - 120 days	70	106.9	83.9	23
121- 180 days	76	107.0	82.5	24
181 - 240 days	139	105.3	67.6	38
241 - 365 days	68	106.6	80.4	26
366 - 535 days	12	112.5	85.0	28
Avg. # of days = 174 days	445	105.1	78.4	27

APS analyzed the CAFAS scores for the latest quarter to see if there were other differences among certain subsets. There was little to no difference according to gender. However, there was a difference by age group. For FY '10 Quarter 4, youth age 13 -17 had the smallest improvement, compared to the other age groups.

Table 4: CAFAS Score improvement by age groups FY '10 Quarter 4				
Age group	# of youth	Initial score	Discharge score	Change
Ages 0-3	16	91.9	56.3	36
Ages 4-5	27	100.0	63.7	36
Ages 6-12	242	101.7	74.2	27
Ages 13-17	145	112.4	90.2	22
Ages 18-20	15	114.0	81.3	33
Avg. age = 11 yrs.	445	105.1	78.4	27

The following table demonstrates why there were 445 completed CAFAS records of the 797 discharges in the quarter. In FY '10, 93% of the CAFAS testing was completed as required.

Table 5: HCT CAFAS Completion Summary for FY 2010 Quarter 4	
Children and adolescents served in HCT during the quarter	2,114
Average days in treatment for youth in any HCT service ⁴	138 days
Children and adolescents authorized for HCT Services on last day of the quarter	1,301
Discharges from HCT Services during the quarter	797
<i>CAFAS Exception 1: Discharged from the HCT Services of MST & FFT, services which use a non-CAFAS outcome system</i>	177
<i>CAFAS Exception 2: Discharged before day 32 so no CAFAS required</i>	107
<i>CAFAS Exception 3: Children who remained in service over 31 days but CAFAS not required because they were under age 6</i>	34
<i>CAFAS Exception 4: Other⁵</i>	1
HCT Discharges from services where CAFAS was required	478
CAFAS completed at admission and at discharge as required	445
CAFAS not completed as required	33
% HCT with CAFAS completed as required	93%

⁴ The average length of stay in HCT of 138 days is less than what is reported in Table 2 because it includes youth who do not have CAFAS scores at registration and discharge; particularly this lower average includes all youth who stay in treatment less than 31 days.

⁵ Over age 6, in service over 31 days but discharged before there was a continued stay request, therefore CAFAS is not required.